



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

Filer name	Account #
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<b>OFFICE USE ONLY</b>	
Date Received	2011 JAN -9 PM 1:41
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 30 day before 2011 Election report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with *each* campaign finance report for which I am claiming an exemption from electronic filing.



\_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Rhett R. Smith this, the 9th day of January 2013, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath

Melinda Uriegas  
 \_\_\_\_\_  
 Print name of officer administering oath

Notary  
 \_\_\_\_\_  
 Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY CLERK  
FORM C/OH  
COVER SHEET Pg 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

2013 JAN -9 PM 1:41

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	RHETT ROSENQUEST						
	NICKNAME	LAST	SUFFIX				
	SMITH			Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	P.O. Box 17271 San Antonio, TX 78217						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
	(210)	300-4750					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	RHETT R.						
	NICKNAME	LAST	SUFFIX				
	SMITH			Date Hand-delivered or Postmarked			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	420 E. Dewey, Apt. 203 San Antonio TX						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
	(210)	300-4750					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	2	22	2011		4	4	2011
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				MAYOR			
GO TO PAGE 2							

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

14 C/OH NAME

RHETT R. SMITH

15 ACCOUNT # (Ethics Commission Filers)

2013 JAN -9 PM 1:41

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0 -

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0 -

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ ~~100.00~~ RA

4. TOTAL POLITICAL EXPENDITURES

\$ 200.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

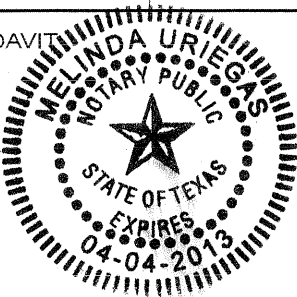
\$ 0 -

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0 -

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Rhett R. Smith*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melinda Uriegas, this the 9th day of January, 20 13, to certify which, witness my hand and seal of office.

*Melinda Uriegas*

Signature of officer administering oath

Melinda Uriegas

Printed name of officer administering oath

*Notary*

Title of officer administering oath

**POLITICAL EXPENDITURES**

RECEIVED SCHEDULE F  
CITY OF SAN ANTONIO  
CITY CLERK

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME RHETT R. SMITH	3 ACCOUNT # (Ethics Commission Filers)
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4 Date Feb. 28, '12	5 Payee name City of San Antonio
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code San Antonio, Tx
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) filing fee	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rhett R. Smith	Office sought Mayor	Office held
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Date Feb. 22, '12	Payee name City of San Antonio
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Amount (\$) 100.00	Payee address; City; State; Zip Code City of San Antonio, Tx
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) filing fee - District 7	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rhett R. Smith	Office sought Council Dist. 7	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED